FG Residents P...

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. BUILDING _____ B. WING _____ APR 28 2009 Director's Office	C 03/25/2009

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HARRISON HOUSE OF GEORGETOWN	110 W. NORTH STREET GEORGETOWN, DE 19947

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F 000	INITIAL COMMENTS An unannounced annual survey and complaint visit was conducted at this facility March 18, 2009 through March 25, 2009. The facility census on the first day of survey was one hundred-four (104). The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The survey sample totaled twenty-one (21) residents, eighteen (18) active and three (3) closed records respectively. There were an additional five (5) sub-sampled residents for interview purposes only.	F 000	**Disclaimer Statement** Preparation and /or execution of the Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and /or executed solely because it is required by the provisions of federal and state law. This plan represents the facility's credible allegation of compliance as of 6/01/09.	6/01/09
F 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	F 157	483.10 (b) (11) **Notification of Changes** The facility will immediately consult with the resident's physician in the event of a significant change in the resident's physical, mental or psychosocial status. To address survey concerns the facility is taking the following measures: **One: Corrective action for situation identified** The facility recognizes that there is no corrective action for the concern identified for R2 from 11/25/09 to 11/27/09. The facility has continued to consult, in a timely manner, with the resident's physician with regards to the resident's condition.	On-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carole J. Daniels — TITLE: Administrator — (X6) DATE: 4/27/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews it was determined that the facility failed to immediately notify the resident's physician for one (R2) out of 21 sampled resident who had a significant change in condition. Findings include: Cross refer F327 and F329. Review of R2's November 2008 meals percentage record indicated from 11/18/08 through 11/24/08, the resident's fluid intake varied from none to 480 cc per day. Beginning on 11/25/08 at lunch through lunch on 11/29/08 (approximately 13 meals), the resident consumed a total of 240 cc of fluids during this four day period of time. Review of nurses notes on 11/25/08, 11/26/08, and 11/27/08 lacked evidence that R2's physician was notified of the resident not taking almost anything by mouth for this period of time. The record documented that on 11/29/08 timed 1:30 PM the resident was unresponsive and was sent to the hospital via 911.	F 157	**Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected with regards to immediate physician notification in the event of a change in condition. Daily the QI nurse or the nurse supervisor reviews the Nurse 24 hour report and nursing documentation to ensure that the physician has been notified for any resident status change. **Three: Measures or systemic changes** In addition to the daily review by the QI nurse or supervisor of changes in resident condition or status, the policy and procedure has been updated, in accordance with F tag 157. All nursing staff will be inserviced on the Change in Resident Status Policy and Procedure by 5/22/09. Attachment A **Four: Monitoring Mechanisms** The QI nurse will continue to audit resident records to ensure compliance with regards to timely physician notification and follow up. Concerns will be reported to the nurse manager who will take the appropriate measures in accordance with facility policy. Results of the QI audit will be reported at the monthly and quarterly QI meeting.	5/22/09 On-going
F 252 SS=B	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean,	F 252	483.15(h)(1) **Environment**	

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OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 252	Continued From page 2 comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observations in the resident rooms, record review and staff interview, it was determined that the facility failed to provide a clean and homelike environment. Findings include: 1. The over bed tables of rooms #50, 48, 47, and 21 had veneer damage such that the underlying particle board was showing. This type of material is difficult to clean and keep sanitary. It also made the tables unsightly as they were damaged. Past purchase orders for chairs and bed side stands were produced as evidence of furniture replacement but lacked evidence of replacement of over bed tables. A purchase requisition, dated 03/25/09, for six over bed tables, in addition to other furniture, was offered as evidence of furniture replacement for the current survey. Staff interview indicated that furniture replacement was occurring at a rate of six furniture items per quarter.	F 252	The facility will provide a clean and homelike environment and will maintain resident equipment in proper operating condition. To address survey concerns the facility is undertaking the following measures: **One: Action taken to situation identified:** The over bed tables in room# 50, 48, 47, and 21 that were noted to have veneer damage will be replaced. **Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected with regards to the provision of a clean and homelike environment. **Three: Measures or systemic changes** The facility will ensure that all damaged or improperly operating equipment will be replaced as needed and on a routine basis. **Four: Monitoring Mechanisms** As part of the facility's preventative maintenance program the maintenance department will conduct an audit of resident furniture and equipment weekly. Any noted concerns will be addressed immediately. Results of the audit will be reported at the monthly and quarterly QI committee.	5/15/09 Ongoing
F 327 SS=G	483.25(j) HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, it was determined that the facility failed to ensure	F 327	483.25(j) Hydration	

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F 327	Continued From page 3 that one (R2) out of 21 sampled residents was provided with sufficient fluid intake to maintain proper hydration and health. The facility failed to identify the increased risk of dehydration for R2 (with known risk for dehydration) when the resident had only 240 cc (cubic centimeters) of fluids during a four day period of time. The facility failed to respond in a timely manner to the resident's inadequate fluid intake resulting in the resident being admitted to the hospital where she was found to have abnormal laboratory values and dehydration. Findings include: R2 was admitted to the facility on 9/12/08 with diagnoses including dementia, hypertension, coronary artery disease, osteoporosis, chronic renal failure (CRF), and hypothyroidism. The initial Minimum Data Set (MDS) assessment dated 9/19/08 indicated that the resident was moderately impaired for daily decision making and required supervision and cuing. In addition, the resident required supervision and set-up for eating. The admission blood work at the facility dated 9/16/08 indicated that the resident's blood urea nitrogen (BUN) level was elevated at 32 (normal range 8-23 mg /dl) and that the creatinine level was elevated at 2.0 (normal range 0.6-1.5 mg/dl). In addition, the sodium level was within normal at 138 (normal range 135-145 mmOL). BUN, creatinine, and sodium levels are indicators of fluid imbalance and renal function. The review of the initial nutritional assessment by the registered dietician dated 9/18/08 documented resident consumed less than 50% of her meal and that her estimated daily fluid	F 327	483.25(j) **Hydration** The facility will continue to ensure that all residents are provided with sufficient fluid intake to maintain proper hydration and health, identify those at risk for dehydration and respond in a timely manner to inadequate fluid intake which could result in a change in condition. To address survey concerns the facility is taking the following measures: **One: Corrective Action for situation identified** The facility recognizes that there is no corrective action for the concerns identified. However upon R2s return to the facility the following measures were implemented: Care plan for risk for dehydration, Intake and Output, medication review by physician, Speech and OT evaluation for swallow and feeding, Psych evaluation for behaviors and medication review and consultant Pharmacist review. **Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected by the risk related to insufficient fluid intake, dehydration and timely care intervention. Continued review of the daily 24 hour report and facility documentation by the QI nurse or nursing manager has resulted in the timely identification of any resident at risk and the implementation of appropriate interventions.	

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F 327	Continued From page 4 requirement was 1,400 cc. The initial "Nutrition Risk Screen" dated 9/18/08 assessed the resident as "potential risk." The plan was to implement a care plan to address R2's oral intake of less than 75%. Review of the facility's policy titled "dehydration risk assessment" indicated that the assessment will be completed upon admission or when a significant change occurs in the resident's physical or mental status. The initial dehydration risk assessment dated 9/12/08 was incomplete and had missing information/scores for "food consumed" and "fluids consumed including supplements", however, the resident was assessed as low risk. Subsequent re-admission assessment was completed on 12/5/08 and continued to assess the resident as low risk even though the resident was discharged from the hospital with the secondary discharge diagnosis of dehydration due to over sedation. The resident's care plan for "Risk of dehydration" was implemented on 9/15/08 which included the following approaches: - Monitor labs as available - Encourage fluids especially between meals and at bedtime. - Monitor for signs and symptoms of dehydration and notify nursing and MD: fever, change of LOC (level of consciousness), change in behaviors, poor skin turgor, decrease urinary output, confusion, concentrated urine, etc. - Dietary/SLP (Speech Language Pathologist) consult PRN (as needed) - Monitor weight The care plan review dates were documented as 12/11/08 and 3/5/09, however, no revision in approaches were noted. In addition, the	F 327	**Three: Measures or systemic changes** To address the survey concerns the facility is implementing the following Policies and Procedures by 5/22/09: 1. HYDRATION RISK ASSESSMENT HYDRATION RISK EVALUATION Attachment B 2. CHANGE IN RESIDENT STATUS Cross reference POC F 157 Attachment A 3. MEDICAL VISIT/FOLLOW-UP LIST Cross reference POC F 501 Attachment C 4. INTAKE MONITORING DAILY MEAL MONITORING TEMPORARY CARE PLAN Inadequate Intake Attachment D To address meal monitoring and early intervention the nursing staff was inserviced on a Daily Meal Monitoring Policy and form by 4/7/09. The Policy and Procedure was updated on 4/22/09 to include additional assessment information. Attachment 4/7/09 E	5/22/09 4/07/09

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F 327	Continued From page 5 document did not include the estimated daily fluid requirement of 1,400 cc. The care plan for problem of "PO (oral intake) less than 75%", implemented by E1 on 9/18/08 included the following approaches: -Monitor PO intake daily - Snack/supplements as ordered which included house nutritional supplement two times per day - 8 (oz) ounces of milk and 4 oz. of juice for all meals The care plan review dates documented were 2/24/08, 12/11/08, and 3/5/08, however, 1,400 cc daily requirement was not included in the document. Review of the CNA "Individual meal % record" for 11/17/08 revealed that the resident did not take any food or fluids. Review of a nurse's note dated 11/17/08 timed 2:30 PM documented that the attending physician was notified of the decrease in oral intake and no new order was received. In addition, a referral to the dietician was sent. Although the above nurse's note indicated a dietary referral, record review lacked evidence that the dietician was consulted. An interview E1 on 3/23/09 at 11:30 PM revealed that the referral was not received by the E1, thus, not completed. Review of the physician's progress note dated 11/18/08 noted "poor PO intake few days. She is either awake and restless or sedated. No c/o (complaint offered) and no pain." In addition, assessment and plan was documented as "FTT (failure to thrive) /Decrease PO (oral intake) ? (questionable) etiology" and the plans included blood work and to increase PO fluids.	F 327	In order to accurately include and document all sources of intake the facility is implementing updated CNA and Nurse Intake and Output forms, effective immediately. Attachment F Nursing and CNA staff were inserviced on the Intake and Output forms by 4/6/09 Attachment G To address the Dietary Referral : A DIETARY COMMUNICATIONS BOOK will contain all requests for a Dietician Consultation which the Dietician, QI nurse and/or the nurse manager will review twice a week .All requests will be signed by the Dietician and returned to the book. The book will also contain meal % sheets for reference. This measure will assist in ensuring the maintenance of proper hydration. This is effective immediately. The RNAC COMMUNICATION FORM will continue to be utilized whenever a change in care level or care interventions has occurred. This will ensure accurate and timely care planning documentation. Attachment H All nursing services staff will be inserviced on the above Policies and Procedures by 5/22/09. Attachment I	4/06/09 5/22/09

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F 327	Continued From page 6 Orders by the attending physician on 11/18/08 included the following: - Hold Lisinopril (medication to treat high blood pressure) - CBC, BMP, Mg, Phos. in AM (blood work) - Hold Lopressor and Catapress if B/P (blood pressure) lower than 120 (both medications to treat high blood pressure) - Medical follow-up one week - Hold Risperdal (medication to treat dementia) if lethargic - Encourage PO fluids Although the above order indicated "medical follow-up in one week", record review lacked evidence that the attending physician or the designee re-evaluated the resident's condition. The subsequent blood work dated 11/19/08 indicated that the resident's sodium and BUN levels were elevated at 147 and 34 respectively. Creatinine was within normal range at 1.2. Nurse's note dated 11/24/08 not timed documented attending physician aware of medication refusal and order was receive for Mylanta 30 cc. PO TID (three times per day) and Tramadol HCL (Ultram, medication for moderate to severe pain) PO TID. Review of the nurses notes beginning 11/25/08, 11/26/08, and 11/27/08 lacked any documentation of the resident's condition and in fact were absent any entries for these days. . Review of the Medication Administration Record (MAR) from 11/24/08 through 11/29/08 documented Lopressor extended release 75 mg. (milligram) daily was held due to systolic B/P less	F 327	**Four: Monitoring Mechanisms:** Unit manager or designee will be responsible for the daily monitoring of resident care and the timely consultation with the physician of any change of condition. The unit manager or designee will continue to report to the interdisciplinary team the daily resident condition utilizing the nurse 24 hour report. The QI nurse will continue to audit the daily 24 hour report and any pertinent nursing documentation. Any identified concerns will be addressed immediately and reported the ADON who will ensure compliance. Weekend supervision by a nurse manager will continue to assist in the provision of quality, timely care. The QI review results will be reported to the monthly and quarterly QI committee.	On-going

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F 327	Continued From page 7 than 120. In addition, "Encourage PO" was transcribed and signed off by the staff nurses. Review of the November 2008 meals percentage record indicated from 11/18/08 through 11/24/08, the resident's fluid intake varied from none to 480 cc per day. Beginning on 11/25/08 at lunch through lunch on 11/29/08 (approximately 13 meals), the resident consumed total of 240 cc of fluids during this four day period of time. An interview with the Director of Nursing (E2), Assistant Director of Nursing (E3), and the Unit Manager (E4) on 3/24/09 at 10:30 AM revealed that the resident's behaviors affected their ability to encourage fluids. Review of the "24 hours Supervisory Report" dated 11/26/08 indicated that a dietary communication was done for a sippy cup; an assistive device. Record review lacked evidence when this assistive device was obtained, utilized, and above care plans failed to include this intervention to assist with increasing fluid intake, therefore it was unclear if staff knew when to use this device. Subsequent "24 hours Supervisory Report" dated 11/28/08 for the 3 PM to 11 Shift indicated resident had not taken any oral fluids for three days (11/26/08, 11/27/08, and 11/28/08), resident noted with lethargy, easily aroused. Risperdal and Depakote held. BP 82/680. (The covering physician, E7 was made aware of the above findings, however, the resident was not seen by the physician). E7 ordered to increase Remeron (medication to treat depression) from 7.5 mg. to 15 mg. daily at bedtime.	F 327		

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F 327	Continued From page 8 Interview with the medical director, E5 on 3/24/09 revealed that another physician, E7 was involved in R2's care when the resident was reported to be lethargic on 11/28/08 and has not discussed the events which led to the hospital confinement. Record review revealed that the facility initiated intake and output (I&O) monitoring during the 11 PM to 7 AM shift on 11/28/08, approximately eight shifts after the resident stopped taking anything significant by mouth. Monitoring indicated that the resident continued not to take anything by mouth and had only voided one time on 7AM to 3 PM shift on 11/29/08 with no other output from 11/28/08 11 PM to 7 AM shift through 11/29/08 3PM to 11 PM shift. An interview with E2 and E3 on 3/24/09 at 10:30 AM revealed that on a daily basis, the "Individual Meal % Record" is reviewed, however, interview did not reveal what was expected by staff when a resident is not taking anything by mouth. In addition, both E2 and E3 revealed that the facility does not have a policy for when to initiate monitoring of I & O. Nurse's note dated 11/29/08 timed 1 AM documented "B/P 122/74, continues to be lethargic and not alert enough to have any intake. Will monitor." The following nurse's note dated 11/29/08 timed 1:30 PM stated resident unresponsive to verbal cues and touch, B/P 80/40, and the physician was contacted and the resident was sent to the emergency room. Record review revealed a "Temporary care plan" dated 11/29/08 for the problem of lethargy and	F 327		

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F 327	Continued From page 9 low blood pressure which included the following approaches: -Monitor heart rate, respiration, blood pressure for 48 hours -Monitor alertness and orientation -Hold medications for decrease in LOC -Follow-up with primary care provider Although R2 had a significant change in physical and mental status as noted above with decrease and eventually almost no oral intake and decreasing B/P, the facility failed to identify the signs and symptoms of dehydration for this resident. Thus, failed to intervene in a timely manner. Review of the hospital emergency room records from 11/29/08 timed 6 PM noted B/P 106/55, pulse of 110 beats per minute, and temperature of 98.6 F. In addition, the resident's BUN, creatinine and sodium levels increased to 123, 3.4, and 153 respectively. Review of the hospital discharge summary indicated the following discharge diagnoses: 1. Acute renal failure with hypernatremia secondary to poor oral intake for four days. 2. Dehydration secondary to oversedation 3. Toxic encephalopathy with intolerance for narcotics. On 12/5/08, the day of discharge from the hospital and return to the facility, the resident's BUN, creatinine, and sodium returned to resident's baseline of 28, 1.2, and 142 respectively. Above findings reviewed with E2, E3, and E6 on 3/25/09 at 1 PM.	F 327		

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F 329 SS=D	483.25(l) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of hospital records it was determined that the facility failed to ensure that one (R2) out of 21 sampled resident was free from unnecessary drugs. R2 had experienced a significant change in physical and mental status including a decline in oral intake, decline in vital signs, and lethargy. The facility failed to ensure adequate monitoring of resident's medication regime and failed to minimize clinically significant adverse	F 329	483.25(l) **Unnecessary Drugs** The facility will continue to ensure that residents are free from unnecessary drugs. **Cross refer F327** **One: Corrective action for situation identified** The facility recognizes that there is no further corrective action for the concerns identified during the period prior to R2 hospitalization. Upon return to the facility form the hospital the following measures were initiated : 1. Physician medication review 2. Pharmacy medication review 3. Advance directive-no tube feeding 4. Dietician review-12/11/08. 12/17/08 5. Psychiatric Nurse consultation-1/09/09 6. Comprehensive Lab work completed and reviewed by physician 7. TCP initiated to include weight loss and lethargy 8. Inservice Training on "Nutrition and Dementia" 1/19/09 **Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected with regards to ensuring that residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085029	A. BUILDING _____ B. WING _____	C 03/25/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 329	Continued From page 11 consequence, which resulted in the resident being hospitalized due to dehydration secondary to oversedation which required the administration of Narcan to treat her comatose state. Findings include: Cross refer F327. Review of the MAR from 11/25/08 through 11/28/08, period of four days in which the resident had significant decrease in oral intake, the resident was administered the following medications to manage her behaviors: - Depakote Sprinkle (an anti-seizure medication used for R2 to manage behavior) 250 mg. two times per day. Six out of eight doses administered. - Klonopin (an anti-seizure medication used for R2 to manage behavior) 0.25 mg. daily in the morning. Two out of three doses administered. - Remeron (an anti-depression medication) 7.5 mg. daily at bedtime. Four out of four doses administered. - Risperdal Solutab (antipsychotropic medication to manage R2 behavior) 0.5 mg. at 9 AM and 4 PM. Five doses out of eight administered. - Risperdal Solutab 1 mg. at bedtime. Three out of four doses administered. Review of the Behavior/Intervention Monthly Flow Record from 11/25/08 through 11/28/08 (total of 12 shifts) revealed the following behaviors were exhibited by R2: - Yelling (disruptive level): 3 PM to 11 PM shifts on 11/25/08 and 11/26/08 documented these behaviors and Xanax 0.5 mg. was administered with positive outcome. No documented behaviors 11/27/08 and 11/28/08. - Severe agitation (hitting): None.	F 329	**Three: Measures or systemic changes** A Temporary Care Plan (TCP) will be initiated to monitor residents who are having decreased intake, (utilizing the Daily Resident Meal Monitoring Form) and are on a psychotropic medication. Effective Immediately. Attachment D A TCP will be initiated for residents who are starting the use of a new psychotropic medication or an adjusted dosage of psychotropic medication, to monitor tolerance to a new or adjusted dosage, level of consciousness, and overall side effects of newly used or adjusted psychotropic medications. The consultant pharmacist will be informed of residents with decreased intake and will be requested to conduct a psychotropic medication review. The monthly and quarterly "Psychotropic Drug Usage Report" conducted by the QI nurse will be modified and will provide more detailed information to include names of residents using two or more psychotropic medications. The use of the "Hydration Risk Assessment" will be continued. **Cross refer F327** Attachment B The use of the Behavior/Intervention monthly Flow Record and the Behavior Logs will be continued. Attachments J and K	5/22/09 5/22/09 5/22/09 On-going

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F 329	Continued From page 12 - Increase agitation: 3 PM to 11 PM shifts on 11/25/08 and 11/26/08 documented these behaviors and Xanax 0.5 mg. was administered with positive outcome. No documented behaviors 11/27/08 and 11/28/08. In addition, R2 was administered Ultram (medication for moderate to severe pain) 50 mg. three times per day for ten doses out of 12 doses during the same four day period of time. Although R2 had a significant decline in oral intake beginning on 11/25/08, the facility failed to adequately monitor the resident's medication regimen and failed to identify the potential adverse consequences for R2 at this time. Review of the "24 hours Supervisory Report" dated 11/28/08 for the 3 PM to 11 Shift indicated resident had not taken any oral fluids for three days (11/26/08, 11/27/08, and 11/28/08), resident noted with lethargy, easily aroused. Risperdal and Depakote held. BP 82/68. The covering physician, E7 was made aware, however, was not seen by the physician. A new order was received to increase Remeron. Nurse's note dated 11/29/08 timed 1 AM documented "B/P 122/74, continues to be lethargic and not alert enough to have any intake. Will monitor." The following nurse's note dated 11/29/08 timed 1:30 PM stated resident unresponsive to verbal cues and touch, B/P 80/40, and the physician was contacted and the resident was sent to the emergency room. Review of the hospital emergency room records	F 329	The following inservice training will be conducted by 5/29/09: 1. "Psychotropic Medication and Side effects" Medical Director 2. "Behavior/Intervention Monthly Flow Record" Inservice Coordinator 3. " CNA use of the Behavior Logs" Inservice Coordinator **Four: Monitoring Mechanisms:** The usage and effectiveness of the new TCP tools will be monitored daily by the QI Nurse, nurse managers, and staff nurses. Corrective action will be implemented immediately, if needed. A retrospective daily documentation audit by the QI Nurse will be conducted to evaluate the documentation by the nursing staff of residents with decreased intake and receiving psychotropic medications. Concerns will be reported to the individual nurse immediately. the nurse manager within 24 hours and to the QI Committee on a monthly and quarterly basis.	5/29/09 On-going

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F 329	Continued From page 13 from 11/29/08 timed 6 PM noted B/P 106/55, pulse of 110 beats per minute, and temperature of 98.6 F. In addition, the resident's BUN, creatinine and sodium levels increased to 123, 3.4, and 153 respectively. The physician progress note dated 11/30/09 documented resident was "comatose-developed sometime early this morning." The note further documented R2 was administered Narcan and R2 noted with "improved alertness after Narcan, however, still won't open eyes." Review of the hospital discharge summary indicated the following discharge diagnoses: 1. Acute renal failure with hypernatremia secondary to poor oral intake for four days. 2. Dehydration secondary to oversedation 3. Toxic encephalopathy with intolerance for narcotics	F 329		
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION The facility must develop policies and procedures that ensure that – (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the	F 334	483.25(n) **Influenza and Pneumococcal Immunizations** The facility will continue to ensure through policies and procedures that the residents' medical record includes documentation that indicates that the resident or the resident's legal representative was provided education regarding the benefits and potential side effects of the influenza immunization. To address survey concerns the facility is taking the following measures:	

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F 334	Continued From page 14 following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal	F 334	**One: Corrective Action for situation Identified** Upon identification of the concern, residents R4, R8, and R21 who refused the influenza immunization were educated by the nurse manager about the benefits of taking the immunization. The documentation was entered on each of the resident's Educational Record. **Two: Identification of other residents that have the potential to be affected** After conducting a record audit, the facility recognized that seven additional residents were affected with regards to the failure to document the educational portion of the influenza immunization refusal. All residents were educated and the documentation was entered in the medical record. **Three: Measures or systemic changes** The Immunization Consent forms will be added to the Nurse Admission Packet. The admitting nurse will be responsible for reviewing the risks and benefits of immunizations. On a yearly basis the resident or responsible party will be re-educated utilizing the Influenza Immunization Informed Consent form. Attachments C and M In the event of an immunization refusal, the facility will continue to document in the resident's Educational Record the benefits and potential side affects of the immunization.	3/19/09 3/19/09 3/25/09

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F 334	Continued From page 15 immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that for three (R4, R8 and R21) out of 21 residents sampled the facility failed to provide education regarding the benefits and potential side effects of influenza immunization. Findings include: R4, R8 and R21 refused the influenza immunization for the 2008 - 2009 flu season. Review of their records lacked evidence that the facility provided education about the benefits of taking the immunization. An interview with administration on 3/25/09 confirmed that there was no evidence that these residents were educated on the risks and benefits of the influenza immunization. It was further revealed that the facility does review the benefits and potential side effects of the immunization upon admission when initial consent is obtained. However, this is not done on a yearly basis with the residents.	F 334	**Four: Monitoring Mechanisms:** An inservice will be provided to educate the Nursing staff on the utilization of the Influenza and Pneumococcal Immunization Consent forms and the Immunizations Policy and Procedure by April 30, 2009. Monthly during the influenza season and quarterly an audit of the immunization documentation will be conducted by the QI nurse. Results will be reported at the monthly and quarterly QI meeting. Any immediate concerns will be corrected immediately and reported to the ADON who will ensure compliance. Attachment N	4/30/09 On-going
F 501 SS=G	483.75(i) MEDICAL DIRECTOR The facility must designate a physician to serve as medical director. The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.	F 501	483.75(i) **Medical Director** **Cross-refer to F327** The facility will continue to consult with the Medical Director with regards to the coordination of resident care.	

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F 501	Continued From page 16 This REQUIREMENT is not met as evidenced by: Cross-refer to F327. Based on interviews and record reviews, it was determined that the facility failed to involve the Medical Director to coordinate care for one (R2) out of 21 residents sampled. The Medical Director was not notified and was not involved in the coordination of care for R2 when the resident had no oral intake for three days, became lethargic which resulted in R2 being hospitalized for dehydration. Findings include: R2 was evaluated by the attending physician (the facility's Medical Director), E5 on 11/18/08 due to poor PO intake for few days, with periods of restlessness or sedated state. The progress note dated 11/18/08 documented assessment and plan as "FTT (failure to thrive) /Decrease PO (oral intake) ? (questionable) etiology" and the plans included blood work and to increase PO fluids. Orders by attending physician on 11/18/08 included the following: - Hold Lisinopril (medication to treat high blood pressure) - CBC, BMP, Mg, Phos. in AM (blood work) - Hold Lopressor and Catapress if B/P (blood pressure) lower than 120 (both medications to treat high blood pressure) - Medical follow-up one week - Hold Risperdal (medication to treat dementia) if lethargic - Encourage PO fluids Although the above order indicated "medical	F 501	To address survey concerns the facility is taking the following measures: **One: Corrective action for situation identified** The facility recognizes that there is no further corrective action with regards to medical follow-up, physician consultation or assessment for R2 from 11/19/09 to 11/28/09. On 11/28/09, the on-call physician was notified of the resident's condition. **Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected by timely medical follow-up and coordination. Daily reviews of the 24 hour report by the QI nurse or nurse supervisor will ensure that a resident's condition has been evaluated by the physician and timely follow-up has occurred and is documented. **Three: Measures or systemic changes** Physician's orders and progress notes will be reviewed by the unit nurse. Any resident requiring medical follow-up will be added to the Medical Visit Follow-up List located in the physician's notebook. This procedure will ensure that the physician is notified of the need for a resident visit and assessment. Attachment C	On-going 5/22/09

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F 501	Continued From page 17 follow-up in one week", record review lacked evidence that the attending physician or the designee re-evaluated the resident's condition in one week. Review of the the meals percentage record from 11/25/08 at lunch through lunch on 11/29/08 (approximately 13 meals) revealed the resident consumed total of 240 cc of fluids during this four day period of time. Subsequent "24 hours Supervisory Report" dated 11/28/08 for the 3 PM to 11 Shift indicated resident had not taken any oral fluids for three days (11/26/08, 11/27/08, and 11/28/08), resident noted with lethargy, easily aroused. Risperdal and Depakote held. BP 82/68. (E7 was made aware of the above findings, however, the resident was not seen by the physician). E7 ordered to increase Remeron (medication to treat depression) from 7.5 mg. to 15 mg. daily at bedtime. Further record review lacked evidence of any interventions and/or follow-up by the physician related to R2's condition as noted in the above supervisory report. Nurse's note dated 11/29/08 time 1:30 PM documented resident unresponsive to verbal cues and touch, B/P 80/40, E7 was contacted and R2 sent to the hospital via 911. Review of the hospital discharge summary indicated the following discharge diagnoses: 1. Acute renal failure with hypernatremia secondary to poor oral intake for four days. 2. Dehydration secondary to oversedation 3. Toxic encephalopathy with intolerance for	F 501	The Medical Director will be informed by the Nurse manager or designee of any change in condition as indicated in the Resident Status Change Policy and Procedure. Attachment A Should the facility consult with an on-call physician, any orders obtained will be communicated to the Medical Director or the primary physician in a timely manner to ensure coordination of care. All nursing staff will be inserviced on these measures by 5/22/09 **Four: Monitoring Mechanisms** The daily review of the 24 hour nursing documentation report will continue to be conducted by the QI nurse or nursing supervisor to ensure compliance. Concerns will be immediately addressed. Results of the daily audit will be reported to the monthly and quarterly QI meeting for committee review.	5/22/09 On-going

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F 501	Continued From page 18 narcotics. Record review and an interview with the facility's Medical Director during the survey on 3/24/09 revealed that another physician, E7 was involved in R2's care when the resident was reported to be lethargic on 11/28/08 and the medical director had not discussed the events which led to the hospital confinement with E7. Additionally interview with the Medical Director revealed that the facility lacked policies pertaining to hydration standards including when to initiate close monitoring of resident's intake and output and physician notification. The facility failed to involve the Medical Director (E5) in the coordination of care for R2 in a timely manner.	F 501		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 085029	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 3/25/2009
NAME OF PROVIDER OR SUPPLIER: HARRISON HOUSE OF GEORGETOWN	STREET ADDRESS, CITY, STATE, ZIP CODE: 110 W. NORTH STREET GEORGETOWN, DE		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 469	483.70(h)(4) PHYSICAL ENVIRONMENT- PEST CONTROL The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interview, it was determined that the facility failed to maintain an effective pest control program so that the facility remained free of pests. Findings include: 1. On 03/18/09 at 10:17 AM, approximately one dozen small ants were observed on and around the bed side stand of room #48, door side. Review of the pest control contractor work summary revealed that on 03/16/09 room #49 had been treated for ants. Follow-up interview with staff on 03/24/09 indicated that staff observed at least one ant remained in room #48 on 03/23/09 and that the pest control contractor was contacted by the facility to return for additional service. 2. On 03/25/09 at about 11:20 AM, approximately six small ants were observed on and around the bed side stand of room #48, door side. Additionally, about fifteen ants were observe on the chair rail, wall and ceiling of room #48, window side. After briefing staff, the pest control contractor was contacted by the facility a second time about the issue. F 469 Orkin pest control contractor was contacted by maintenance director, Mike Trolan that their services are no longer needed as of 4-7-2009. Contacted new pest control company A.P.M upgrade as service as follows, service 2 times a month and 4 hour response time. This service started on 4-8-2009.

DELAWARE HEALTH AND SOCIAL SERVICES
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DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Harrison House of Georgetown

DATE SURVEY COMPLETED: 3-25-09

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual and complaint visit was conducted at this facility March 18, 2009 through March 25, 2009. The facility census on the first day of the survey was one-hundred four (104). The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The survey sample totaled twenty-one (21) residents, eighteen (18) active and three (3) closed records respectively. There was a sub-sample of five (5) residents for observation and interview that was not in the sample for complete record review.	**Disclaimer Statement** Preparation and /or execution of the Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and /or executed solely because it is required by the provisions of federal and state law. This plan represents the facility's credible allegation of compliance as of 6/01/09. 6/01/09
3201	**Skilled and Intermediate Care Nursing Facilities**	**3201** Skilled and Intermediate Care Nursing Facilities
3201.5.0	**Personnel/Administrative**	**3201.5.0** Personnel/Administrative
3201.5.3	**The nursing facility shall designate a physician to serve as the medical director who shall be responsible for implementation of resident care policies and the coordination of medical care in the facility.** **This requirement is not met as evidenced by:**	**3201.5.3** The designated Medical Director will continue to be responsible for implementation of resident care policies and the coordination of medical care in the facility Cross refer to the CMS 2567-L report date completed 3/25/09, F501.

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	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual and complaint visit was conducted at this facility March 18, 2009 through March 25, 2009. The facility census on the first day of the survey was one-hundred four (104). The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The survey sample totaled twenty-one (21) residents, eighteen (18) active and three (3) closed records respectively. There was a sub-sample of five (5) residents for observation and interview that was not in the sample for complete record review.	F 501	483.75(i) **Medical Director** **Cross-refer to F327** The facility will continue to consult with the Medical Director with regards to the coordination of resident care. To address survey concerns the facility is taking the following measures: **One: Corrective action for situation identified** The facility recognizes that there is no further corrective action with regards to medical follow-up, physician consultation or assessment for R2 from 11/19/09 to 11/28/09. On 11/28/09, the on-call physician was notified of the resident's condition.	On-going
3201	**Skilled and Intermediate Care Nursing Facilities**			
3201.5.0	**Personnel/Administrative**		**Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected by timely medical follow-up and coordination. Daily reviews of the 24 hour report by the QI nurse or nurse supervisor will ensure that a resident's condition has been evaluated by the physician and timely follow-up has occurred and is documented.	5/22/09
3201.5.3	**The nursing facility shall designate a physician to serve as the medical director who shall be responsible for implementation of resident care policies and the coordination of medical care in the facility.** **This requirement is not met as evidenced by:**			

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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual and complaint visit was conducted at this facility March 18, 2009 through March 25, 2009. The facility census on the first day of the survey was one-hundred four (104). The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The survey sample totaled twenty-one (21) residents, eighteen (18) active and three (3) closed records respectively. There was a sub-sample of five (5) residents for observation and interview that was not in the sample for complete record review.	F 501	**Three: Measures or systemic changes** Physician's orders and progress notes will be reviewed by the unit nurse. Any resident requiring medical follow-up will be added to the Medical Visit Follow-up List located in the physician's notebook. This procedure will ensure that the physician is notified of the need for a resident visit and assessment. Attachment C The Medical Director will be informed by the Nurse manager or designee of any change in condition as indicated in the Resident Status Change Policy and Procedure. Attachment A Should the facility consult with an on-call physician, any orders obtained will be communicated to the Medical Director or the primary physician in a timely manner to ensure coordination of care. All nursing staff will be inserviced on these measures by 5/22/09
3201	**Skilled and Intermediate Care Nursing Facilities**		
3201.5.0	**Personnel/Administrative**		5/22/09
3201.5.3	**The nursing facility shall designate a physician to serve as the medical director who shall be responsible for implementation of resident care policies and the coordination of medical care in the facility.** **This requirement is not met as evidenced by:**		**Four: Monitoring Mechanisms** The daily review of the 24 hour nursing documentation report will continue to be conducted by the QI nurse or nursing supervisor to ensure compliance. Concerns will be immediately addressed. Results of the daily audit will be reported to the monthly and quarterly QI meeting for committee review. On-going

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	
3201.6.0	**Services to Residents:**	**3201.6.0** Services to Residents
3201.6.1	**General Services:**	**3201.6.1** General Services
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.	**3201.6.1.1** The nursing facility shall continue to provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs. Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327,and F329.
		F 157 **483.10 (b) (11) Notification of Changes** The facility will immediately consult with the resident's physician in the event of a significant change in the resident's physical, mental or psychosocial status. To address survey concerns the facility is taking the following measures:
3201.6.9	**Housekeeping and Laundry Services**	
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**	

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 157
3201.6.0	**Services to Residents:**	
3201.6.1	**General Services:**	
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.**	
	This requirement is not met as evidenced by:	
	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.	
3201.6.9	**Housekeeping and Laundry Services**	
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.**	
	This requirement is not met as evidenced by:	

One: Corrective action for situation identified

The facility recognizes that there is no corrective action for the concern identified for R2 from 11/25/09 to 11/27/09. The facility has continued to consult, in a timely manner, with the resident's physician with regards to the resident's condition.

Two: Identification of other residents that have the potential to be affected

The facility recognizes that all residents have the potential to be affected with regards to immediate physician notification in the event of a change in condition. Daily the QI nurse or the nurse supervisor reviews the Nurse 24 hour report and nursing documentation to ensure that the physician has been notified for any resident status change.

Three: Measures or systemic changes

In addition to the daily review by the QI nurse or supervisor of changes in resident condition or status, the policy and procedure has been updated, in accordance with F tag 157. All nursing staff will be inserviced on the Change in Resident Status Policy and Procedure by 5/22/09.

Attachment A

5/22/09

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 157	**Four: Monitoring Mechanisms** The QI nurse will continue to audit resident records to ensure compliance with regards to timely physician notification and follow up. Concerns will be reported to the nurse manager who will take the appropriate measures in accordance with facility policy. Results of the QI audit will be reported at the monthly and quarterly QI meeting. On-going
3201.6.0	**Services to Residents:**		
3201.6.1	**General Services:**		
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.	F 327	483.25(j) **Hydration** The facility will continue to ensure that all residents are provided with sufficient fluid intake to maintain proper hydration and health, identify those at risk for dehydration and respond in a timely manner to inadequate fluid intake which could result in a change in condition. To address survey concerns the facility is taking the following measures: **One: Corrective Action for situation identified** The facility recognizes that there is no corrective action for the concerns identified. However upon R2s return to the facility the following measures were implemented: Care plan for risk for dehydration, Intake and Output, medication review by physician, Speech and OT evaluation for swallow and feeding, Psych evaluation for behaviors and medication review and consultant Pharmacist review.
3201.6.9	**Housekeeping and Laundry Services**		
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**		

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 327
3201.6.0	**Services to Residents:**	
3201.6.1	**General Services:**	
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.**	
	This requirement is not met as evidenced by:	
	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.	
3201.6.9	**Housekeeping and Laundry Services**	
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.**	
	This requirement is not met as evidenced by:	

Two: Identification of other residents that have the potential to be affected

The facility recognizes that all residents have the potential to be affected by the risk related to insufficient fluid intake, dehydration and timely care intervention.
Continued review of the daily 24 hour report and facility documentation by the QI nurse or nursing manager has resulted in the timely identification of any resident at risk and the implementation of appropriate interventions.

Three: Measures or systemic changes

To address the survey concerns the facility is implementing the following Policies and Procedures by 5/22/09:

1. HYDRATION RISK ASSESSMENT
   HYDRATION RISK EVALUATION

Attachment B

2. CHANGE IN RESIDENT STATUS
   Cross reference POC F 157

Attachment A

3. MEDICAL VISIT/FOLLOW-UP LIST
   Cross reference POC F 501

Attachment C

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 327	4. INTAKE MONITORING DAILY MEAL MONITORING TEMPORARY CARE PLAN Inadequate Intake Attachment D To address meal monitoring and early intervention the nursing staff was inserviced on a Daily Meal Monitoring Policy and form by 4/7/09. The Policy and Procedure was updated on 4/22/09 to include additional assessment information. Attachment 4/7/09 E In order to accurately include and document all sources of intake the facility is implementing updated CNA and Nurse Intake and Output forms. effective immediately. Attachment F Nursing and CNA staff were inserviced on the Intake and Output forms by 4/6/09 Attachment G To address the Dietary Referral : A DIETARY COMMUNICATIONS BOOK will contain all requests for a Dietician Consultation which the Dietician, QI nurse and/or the nurse manager will review twice a week .All requests will be signed by the Dietician and returned to the book. The book will also contain meal % sheets for reference. This measure will assist in ensuring the maintenance of proper hydration. This is effective immediately.	5/22/09 4/07/09 4/06/09
3201.6.0	**Services to Residents:**		
3201.6.1	**General Services:**		
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.		
3201.6.9	**Housekeeping and Laundry Services**		
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**		

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 327	The RNAC COMMUNICATION FORM will continue to be utilized whenever a change in care level or care interventions has occurred. This will ensure accurate and timely care planning documentation. Attachment H	
3201.6.0	**Services to Residents:**			
3201.6.1	**General Services:**		All nursing services staff will be inserviced on the above Policies and Procedures by 5/22/09. Attachment I	5/22/09
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.		**Four: Monitoring Mechanisms:** Unit manager or designee will be responsible for the daily monitoring of resident care and the timely consultation with the physician of any change of condition. The unit manager or designee will continue to report to the interdisciplinary team the daily resident condition utilizing the nurse 24 hour report. The QI nurse will continue to audit the daily 24 hour report and any pertinent nursing documentation. Any identified concerns will be addressed immediately and reported the ADON who will ensure compliance. Weekend supervision by a nurse manager will continue to assist in the provision of quality, timely care. The QI review results will be reported to the monthly and quarterly QI committee.	On-going
3201.6.9	**Housekeeping and Laundry Services**			
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**			

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 329	483.25(l) **Unnecessary Drugs** The facility will continue to ensure that residents are free from unnecessary drugs. **Cross refer F327** **One: Corrective action for situation identified** The facility recognizes that there is no further corrective action for the concerns identified during the period prior to R2 hospitalization. Upon return to the facility form the hospital the following measures were initiated : 1. Physician medication review 2. Pharmacy medication review 3. Advance directive-no tube feeding 4. Dietician review-12/11/08. 12/17/08 5. Psychiatric Nurse consultation-1/09/09 6. Comprehensive Lab work completed and reviewed by physician 7. TCP initiated to include weight loss and lethargy 8. Inservice Training on "Nutrition and Dementia" 1/19/09 **Two: Identification of other residents that have the potential to be affected** The facility recognizes that all residents have the potential to be affected with regards to ensuring that residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
3201.6.0	**Services to Residents:**		
3201.6.1	**General Services:**		
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.		
3201.6.9	**Housekeeping and Laundry Services**		
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**		

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 329	**Three: Measures or systemic changes** A Temporary Care Plan (TCP) will be initiated to monitor residents who are having decreased intake, (utilizing the Daily Resident Meal Monitoring Form) and are on a psychotropic medication. Effective Immediately. Attachment D	
3201.6.0	**Services to Residents:**			
3201.6.1	**General Services:**			
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.		A TCP will be initiated for residents who are starting the use of a new psychotropic medication or an adjusted dosage of psychotropic medication, to monitor tolerance to a new or adjusted dosage, level of consciousness, and overall side effects of newly used or adjusted psychotropic medications. The consultant pharmacist will be informed of residents with decreased intake and will be requested to conduct a psychotropic medication review. The monthly and quarterly "Psychotropic Drug Usage Report" conducted by the QI nurse will be modified and will provide more detailed information to include names of residents using two or more psychotropic medications. The use of the "Hydration Risk Assessment" will be continued. **Cross refer F327** Attachment B The use of the Behavior/Intervention monthly Flow Record and the Behavior Logs will be continued. Attachments J and K	5/22/09 5/22/09 5/22/09 On-going
3201.6.9	**Housekeeping and Laundry Services**			
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**			

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F501.	F 329	The following inservice training will be conducted by 5/29/09: 1. "Psychotropic Medication and Side effects" Medical Director 2. "Behavior/Intervention Monthly Flow Record" Inservice Coordinator 3. " CNA use of the Behavior Logs" Inservice Coordinator	5/29/09
3201.6.0	**Services to Residents:**			
3201.6.1	**General Services:**			
3201.6.1.1	**The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F157, F327, and F329.		**Four: Monitoring Mechanisms:** The usage and effectiveness of the new TCP tools will be monitored daily by the QI Nurse, nurse managers, and staff nurses. Corrective action will be implemented immediately, if needed. A retrospective daily documentation audit by the QI Nurse will be conducted to evaluate the documentation by the nursing staff of residents with decreased intake and receiving psychotropic medications. Concerns will be reported to the individual nurse immediately, the nurse manager within 24 hours and to the QI Committee on a monthly and quarterly basis.	On-going
3201.6.9	**Housekeeping and Laundry Services**		**3201.6.9** Housekeeping and Laundry Services	
3201.6.9.6	**The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.** **This requirement is not met as evidenced by:**		**3201.6.9.6** The facility will continue to contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin. Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	F 469	To address survey concerns the facility is undertaking the following measures:	
3201.6.12	**Communicable Diseases**		**One: Action taken for situation identified**	
3201.6.12.3	**Immunizations**		Ants located in room #48 were treated on 4/03/09 by Orkin Pest Control. On 4/04/09, the ants were still noted in room #48. Orkin was again notified. Orkin Pest Control did not respond with in 24 hours.	4/03/09
3201.6.12.3.3	**A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.**		**Two: Identification of other residents who have the potential to be affected**	
	This requirement is not met as evidenced by:		The facility recognizes that all residents have the potential to be affected with regards to a pest free environment. The facility will continue to maintain a sanitary and pest free environment.	On-going
	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.		**Three: Measures or systemic changes**	
			The contract with Orkin Pest Control was terminated effective 4/07/09.The facility contracted with A.P.M. who will upgrade the services to twice monthly and will respond within 4 hours. Effective 4/08/09.	4/07/09 4/08/09

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	F469	**Four: Monitoring Mechanisms** All concerns will be addressed immediately by the maintenance department. The response time for service will be four hours. The maintenance director or designee will conduct daily observation of the interior and exterior of the facility to ensure the facility is pest free. All concerns will be reported immediately. Results of the daily observation will be recorded and reported at the monthly and quarterly QI meeting	On-going
3201.6.12	**Communicable Diseases**		**3201.6.12** Communicable Diseases	
3201.6.12.3	**Immunizations**		**3201.6.12.3** Immunizations	
3201.6.12.3.3	**A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.		**3201.6.12.3.3** A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia will be informed by the facility of the health risks involved. The reason for the refusal (s) will be documented in the resident's medical record annually. Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.	

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	F 334	483.25(n) **Influenza and Pneumococcal Immunizations** The facility will continue to ensure through policies and procedures that the residents' medical record includes documentation that indicates that the resident or the resident's legal representative was provided education regarding the benefits and potential side effects of the influenza immunization. To address survey concerns the facility is taking the following measures: **One: Corrective Action for situation Identified** Upon identification of the concern, residents R4, R8, and R21 who refused the influenza immunization were educated by the nurse manager about the benefits of taking the immunization. The documentation was entered on each of the resident's Educational Record. 3/19/09
3201.6.12	**Communicable Diseases**		
3201.6.12.3	**Immunizations**		
3201.6.12.3.3	**A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.		

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	F 334	**Two: Identification of other residents that have the potential to be affected** After conducting a record audit, the facility recognized that seven additional residents were affected with regards to the failure to document the educational portion of the influenza immunization refusal. All residents were educated and the documentation was entered in the medical record. 3/19/09 **Three: Measures or systemic changes** The Immunization Consent forms will be added to the Nurse Admission Packet. The admitting nurse will be responsible for reviewing the risks and benefits of immunizations. On a yearly basis the resident or responsible party will be re-educated utilizing the Influenza Immunization Informed Consent form. Attachments L and M In the event of an immunization refusal, the facility will continue to document in the resident's Educational Record the benefits and potential side affects of the immunization. 3/25/09
3201.6.12	**Communicable Diseases**		
3201.6.12.3	**Immunizations**		
3201.6.12.3.3	**A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.** **This requirement is not met as evidenced by:** Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.		

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	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F469.	F 334 **Four: Monitoring Mechanisms:**
3201.6.12	**Communicable Diseases**	An inservice will be provided to educate the Nursing staff on the utilization of the Influenza and Pneumococcal Immunization Consent forms and the Immunizations Policy and Procedure by April 30, 2009. Monthly during the influenza season and quarterly an audit of the immunization documentation will be conducted by the QI nurse. Results will be reported at the monthly and quarterly QI meeting. Any immediate concerns will be corrected immediately and reported to the ADON who will ensure compliance.
3201.6.12.3	**Immunizations**	4/30/09
3201.6.12.3.3	**A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.**	On-going
	This requirement is not met as evidenced by:	Attachment N
	Cross refer to the CMS 2567-L survey report date completed 3/25/09, F334.	

Carole Dennis 4/27/09
Administrator

dl